PTO/SB/06 (8-96)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 412635 OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR **SMALL ENTITY** (Column 2) (Column 1) NUMBER FILED **NUMBER EXTRA** FOR **RATE RATE FEE** FEE BASIC FEE \$ 395 OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS x \$11 0 0 20 minus 20 = OR x \$ (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = 0 x 41 =0 3 OR (37 CFR 1.16(b)) (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR 395 OR TOTAL TOTAL * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II OR **SMALL ENTITY SMALL ENTITY** (Column 2) (Column 3) (Column 1) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AMENDMENT AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total = x \$<u>25</u>= \$ 50 = Minus (37 CFR 1.16(c)) OR *** Independent = Minus 700 = x <u>160</u> = OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 180 = (37 CFR 1.16(d)) OR 360= TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) **CLAIMS HIGHEST** ADDI-ADDI-AMENDATERILE REMAINING NUMBER PRESENT RATE TIONAL TIONAL **RATE** AFTER PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** Minus = (37 CFR 1.16(c)) OR Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL RATE TIONAL AMENDMENT AFTER PREVIOUSLY **EXTRA** FEE **FEE** AMENDMENT PAID FOR OR Total k \$. Minus = (37 CFR 1.16(c)) OR *** Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT, FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.